## PART B - FEE(S) TRANSMITTAL

		Complete and send this form, together with applicable fe			P.O. Box 1450 Alexandria, Virginia 22313-1450 or <u>Fax</u> (703) 746-4000		
interiance fee notification	m should be used for trans espondence including the P elow or directed otherwise s.	mitting the ISSUE atent, advance order in Block 1, by (a)			quired). Blocks I the s will be mailed to the sss; and/or (b) indica	rough 5 sh he current of ting a separ	ould be completed where correspondence address as ate "FEE ADDRESS" for
CURRENT CORRESPONDENCE 26272 759	E ADDRESS (Note: Use Block I for a 90 03/09/2005	ny change of address)		Note: A certificate Fee(s) Transmittal. papers. Each addition	of mailing can only This certificate cannot	be used for of be used for n assignmen	domestic mailings of the or any other accompanying at or formal drawing, must
JOHN J TORRENT 1133 AVE OF THE 1133 AVE OF THE	AMERICAS	P.C		I hereby certify that States Postal Service addressed to the N	Certificate of Mailin t this Fee(s) Transmi te with sufficient pos Mail Stop ISSUE FE SPTO (703) 746-400	tal is being tage for firs	deposited with the United t class mail in an envelope
NEW YORK, NY 1				John J. To	rrente	-	(Depositor's name)
2005 MBELETE2 000000	007 09499951			alm	2905	me	(Signature)
1501 8001	1400.00 DP 30.00 DP			April 26,	2005		(Date)
APPLICATION NO.			IRST NAMED INVE	ENTOR	ATTORNEY DOC	KET NO.	CONFIRMATION NO.
09/499,951 TLE OF INVENTION: HI	02/08/2000 EAD-MOUNTED DISPLA		TATSUO J. CHIO	<b>y</b>	B208-107		1936 .
APPLN. TYPE	SMALL ENTITY	ISSUE FE	E	PUBLICATION FEE	TOTAL FEE(S	DUE	DATE DUE
nonprovisional	visional NO			\$0	\$1400		06/09/2005
EXAMINER		ART UNIT		CLASS-SUBCLASS	7		
NGUYEN, KEVIN M		2674		345-007000	<del></del>		
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
	RESIDENCE DATA TO B				•		_
PLEASE NOTE: Unless recordation as set forth in	an assignee is identified be 37 CFR 3.11. Completion of	low, no assignee dof this form is NOT	lata will appear or a substitute for fil	the patent. If an assing an assignment.	signee is identified b	elow, the de	ocument has been filed for
(A) NAME OF ASSIGNMENT (A) NAME OF ASSIGNMENT (A) CARPOR (A) CARPOR (A) NAME OF ASSIGNMENT	shiki Kaisha	(B) 1: 010775	residence: (C Tokyo, Ja Frame: (	ITY and STATE OR ( apan <b>)499</b>	COUNTRY)		
ase check the appropriate	assignee category or categor				Corporation or othe	r private gro	up entity Government
The following fee(s) are	enclosed:		Payment of Fee(s)	•			
Issue Fee Publication Fee (No.s)	mall entity discount permitte		A check in the amount of the fee(s) is enclosed.  Payment by credit card. Form PTO-2038 is attached.				
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Authorized Signature	Colm	· love	ite	Date	April 26,	2005	
Typed or printed name		ente		Registrat	tion No. 26,3	59	
	on is required by 37 CKR 1/3	11. The information	n is required to obt	ain or retain a benefit	by the public which i	s to file (and	by the USPTO to process) g gathering, preparing, and ne you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450,